



TESTIMONY

Delivered by Tracy Wodatch, Vice President of Clinical and Regulatory Services
Before the Public Health Committee

February 23, 2015

To SUPPORT

- **Proposed Bill No. 467, An Act Concerning the Facilitation of Telemedicine**
- **Proposed Bill No. 246, An Act Defining and Establishing Standards for the Practice of Telemedicine**
- **Proposed Bill No. 6487, An Act Concerning Standards for Telemedicine**

Senators Gerratana and Crisco, Representatives Ritter and Riley, and esteemed members of the Public Health Committee, my name is Tracy Wodatch, Vice President of Clinical and Regulatory Services at the Connecticut Association for Healthcare at Home. I am also an RN with over 30 years experience in home health, hospice, long term and acute care.

The Association represents 62 Connecticut DPH licensed/Medicare certified home health and hospice agencies that foster cost-effective, person-centered healthcare in the setting people prefer most – their own home.

Collectively, our agency providers deliver care to more Connecticut residents each day than those housed in CT hospitals and nursing homes combined. As a major employer with a growing workforce, our on-the-ground army of 17,000 home health care workers is providing high-tech and tele-health interventions for children, adults and seniors.

Our Association and its members support the use of telemedicine, the reimbursement of telemedicine (both commercial insurance coverage and Medicaid coverage as outlined in bills before Insurance and Real Estate Committee and the Human Services Committee) and established standards of practice for telemedicine.

Telemedicine and Telehealth are, at times, used interchangeably, however, Telehealth incorporates a broader scope of remote monitoring. The American Telehealth Association (ATA) defines telehealth as “the use of medical information exchanged from one site to another via electronic communications to improve a patient’s health status. Telehealth includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology.

The use of telehealth has spread rapidly and is now becoming integrated into the ongoing operations of hospitals, specialty departments, home health agencies, private physician offices as well as consumer’s homes and workplaces.



Examples include:

- Transmission of medical images (wound photos or xrays) between healthcare centers for diagnosis across distance
- Tele-consultation: Provision of knowledge or experience of an expert across distance (e. g. teleradiology)
- Diagnosis at distance: Diagnosis of a patient by a physician at distance (e. g. telecardiology)
- Telemonitoring: Supervision of a patient and his data at distance, who is not in the hospital and/or clinic (e. g. diabetes patients, patients with heart insufficiencies)
- Tele-learning: Education and training of patients and/or professionals at distance (Health coaching)

For all three proposed bills, we recommend replacing the term “Telemedicine” with the broader term “Telehealth” with reference to the broader definition as outlined by the ATA. The examples listed are not all inclusive as this technology continues to expand. We also recommend that any language addressing telehealth allow for expansion and further technologic advances.

For nearly two decades, several of our licensed home health agencies have been using telemonitors (a form of telemedicine) in their clients’ homes to remotely monitor blood pressure, weight, blood glucose and oxygen levels. Through close monitoring and communication with the physician, we can catch an early warning sign, such as a sudden rise in blood pressure or weight, and treat it before it becomes a bigger problem usually resulting in a hospitalization.

Although the language in both SB 246 and HB 6487 are more focused on the use of telehealth to supplement/complement physician practices, we ask that the language for any standards be more flexible to include telehealth not only in primary care, but also in home health care, outpatient care, hospitals, etc. Be inclusive of all care settings to allow for the anticipated expansion of the technology and to promote the most cost-effective care to meet the goals of the Triple Aim.

Standards for telehealth practice should include defined patient inclusion/exclusion criteria, informed consent prior to use; HIPAA compliance; assessment prior to implementation of any telehealth equipment/technology; patient education to ensure correct understanding and use; and limited outsourcing for monitoring purposes (e.g., the home health agency or physician office should be primarily responsible for oversight and monitoring of patients using telehealth in order to promote patient-centered, informed plans of care).

Thank you for the opportunity to offer comments on these bills. Please reach out to us as a resource for additional information at any time.